

Home Provider Annual Training Log

Provider Name: _____ Start Date: ____/____/____

Date of Training	Hours or Minutes of Training	Face to Face Training?	Topic(s) Covered	Training Delivered By:
____/____/____			Licensing Rules for Supervision and Ratios (R430-90/50-11)	
____/____/____			Licensing Rules for Injury Prevention (R430-90-12)	
____/____/____			Licensing Rules for Parent Notification and Child Security. (R430-90/50-13)	
____/____/____			Licensing Rules for Child Health (430-90/50-14)	
____/____/____			Licensing Rules for Child Nutrition (R430-90/50-15)	
____/____/____			Licensing Rules for Infection Control (R430-90/50-16)	
____/____/____			Licensing Rules for Medications (R430-90/50-17)	
____/____/____			Licensing Rules for Napping (R430-90/50-18)	
____/____/____			Licensing Rules for Child Discipline (R430-90/50-19)	
____/____/____			Licensing Rules for Activities (R430-90/50-20)	
____/____/____			Licensing Rules for Transportation, (R430-90/50-21)	
____/____/____			Licensing Rules for Animals, (R430-90/50-22)	
____/____/____			Licensing Rules for Diapering, (R430-90/50-23)	
____/____/____			Licensing Rules for Infant and Toddler Care, (R430-90/50-24)	
____/____/____			The provider's current written policies and procedures (Licensed only)	
____/____/____			The provider's current written emergency and disaster plan (Licensed only)	
____/____/____			Signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation	
____/____/____			Principles of child growth and development, including development of the brain	
____/____/____			Positive guidance	
____/____/____			Preventing shaken baby syndrome, if infants or toddlers are cared for	
____/____/____			Coping with crying babies, if infants or toddlers are cared for	
____/____/____			Preventing Sudden Infant Death Syndrome, if infants or toddlers are cared for	

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

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____/____/____			<input type="checkbox"/> Face-to-face training?
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